| -  | 500                                    | 200/1200        |                   |                    |                                       | N. 41 (1994) |   |   |  |
|--|--|-----------------|-------------------|--------------------|---------------------------------------|--------------|---|---|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |  |                 |                   |                    | Complete if Known                     |              |   |   |  |
| FEE TRANSMITTAL  |  |                 |                   |                    | Application Number 10/578,9           |              | 93                                      |   |  |
| For FY 2008  |  |                 |                   | - I                | Filing Date 5/11/2006                 |              |   |   |  |
|  |  |                 |                   |                    | First Named Inventor Eugene           |              |   |   |  |
| Applicant claims small entity status. See 37 CFR 1.27  |  |                 |                   |                    | Examiner Name Amy Co<br>Art Unit 2841 |              | ohen Johnson                            |   |  |
| TOTAL AMOUNT OF PAYMENT (\$) 405.00  |  |                 |                   |                    | Attorney Docket 5000 - 0              |              | 51503                                   |   |  |
|  |  |                 |                   |                    |                                       |              |   |   |  |
| METHOD OF PAYMENT (check all that apply)   |  |                 |                   |                    |                                       |              |   |   |  |
| Check Credit Card Money Order Other (please identify):   |  |                 |                   |                    |                                       |              |   |   |  |
| Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm  |  |                 |                   |                    |                                       |              |   |   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |                 |                   |                    |                                       |              |   |   |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  |  |                 |                   |                    |                                       |              |   |   |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |  |                 |                   |                    |                                       |              |   |   |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038,   |  |                 |                   |                    |                                       |              |   |   |  |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)   |  |                 |                   |                    |                                       |              |   |   |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |  |                 |                   |                    |                                       |              |   |   |  |
|  | FILING FEES SEARCH F                   |                 |                   |                    | ES EXAMINATION FEES                   |              |   |   |  |
|  |  |                 |                   | nall Entity        | <u>د</u> <u>s</u>                     | mall Entity  |   |   |  |
| Application Type   |  | <u>Fee (\$)</u> | Fee (\$)          | <u>Fee (\$)</u>    | <u>Fee (\$)</u>                       | Fee (\$)     | Fee                                     | s Paid (\$)                             |  |
| Utility  | 310                                    | 75              | 510               | 255                | 210                                   | 105          | -                                       |   |  |
| Design   | 210                                    | 105             | 100               | 50                 | 130                                   | 65           |   | M                                       |  |
| Plant  | 210                                    | 105             | 310               | 155                | 160                                   | 80           |   | · · · · · · · · · · · · · · · · · · ·   |  |
| Reissue  | 310                                    | 155             | 510               | 255                | 620                                   | 310          | *************************************** | *************************************** |  |
| Provisional  | 210                                    | 105             | 0                 | . 0                | 0                                     | 0            | ·                                       |   |  |
| 2. EXCESS CLAIM FEES   |  |                 |                   |                    |                                       |              |   | Small Entity                            |  |
| Fee Description     Fee (\$)       Each claim over 20 (including Reissues)     50  |  |                 |                   |                    |                                       |              |   | <u>Fee (\$)</u><br>25                   |  |
| Each independent claim over 3 (including Reissues)  210  |  |                 |                   |                    |                                       |              |   | 105                                     |  |
| Multiple dependent claims  |  |                 |                   |                    |                                       |              | 370                                     | 185                                     |  |
| Total Claims -:  | <u>20 or HP</u>                        | Extra Clai      | ms Fee            | <u>: (\$)</u>      | Fee Paid (\$)                         |              | Multiple                                | Dependent Claims                        |  |
| HP = highest number of total claims paid for, if greater than 20.  |  |                 |                   |                    |                                       |              |   |   |  |
| 1  |  | -               |                   | - (0)              | You had a take only                   |              | -                                       |   |  |
| indep. Claims  | 3 or HP                                | Extra Clai      | ms <u>re</u><br>x | <u>e (\$)</u><br>= | Fee Paid (\$)                         |              |   |   |  |
| HP = highest number of independent claims paid for, if greater than 3.   |  |                 |                   |                    |                                       |              |   |   |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                 |                   |                    |                                       |              |   |   |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |  |                 |                   |                    |                                       |              |   |   |  |
| / 50 = (round up to a whole number) x =  |  |                 |                   |                    |                                       |              |   |   |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)   |  |                 |                   |                    |                                       |              |   |   |  |
| Other (e.g., late filing surcharge): Request for Continued Examination   |  |                 |                   |                    |                                       |              |   | 405.00                                  |  |
| SUBMITTED BY   |  |                 |                   |                    |                                       |              |   |   |  |
| Registration No.   |  |                 |                   |                    |                                       |              |   |   |  |
| Signature  | Signature (Attorney/Agent) 55739 Telep |                 |                   |                    |                                       |              |   | elephone 412-471-8815                   |  |
| Name (Print/Type)  | Name (Print/Type) Thomas C. Wolski     |                 |                   |                    |                                       |              |   | Date September 15, 2008                 |  |